2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2008
Secretary of State

DOCUMENT# N06000000178

Entity Name: ALEXIS FREEMAN MINISTRIES, INC.

Current Principal Place of Business:

8508 DANVERS CT
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 555934
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 20-4054510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, ALEXIS L
8508 DANVERS CT.
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALEXIS FREEMAN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FREEMAN, ALEXIS L
Address: P.O. BOX 555934
City-St-Zip: ORLANDO, FL 32855

Title: VP ( ) Delete
Name: JONES, TERESA Y
Address: P.O. BOX 555934
City-St-Zip: ORLANDO, FL 32855

Title: S ( ) Delete
Name: SAVAGE, PATRICIA A
Address: P.O. BOX 555934
City-St-Zip: ORLANDO, FL 32855

Title: T ( ) Delete
Name: GIBSON, SHARON D
Address: P.O. BOX 555934
City-St-Zip: ORLANDO, FL 32855

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS FREEMAN P 10/07/2008

Electronic Signature of Signing Officer or Director — Date